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Docket No.: 29953-184845

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Scott Bysick et al.

Application No.: 10/658,797

Confirmation No.: 1814

Filed: September 10, 2003

Art Unit: 3781

For: DEFORMATION RESISTANT PANELS

Examiner: Sue A. Weaver

RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The Notice of Non-Compliant Amendment dated December 5, 2006 states that the Drawings submitted with the Amendment filed on November 9, 2006, were not properly identified as "Replacement Drawing Sheet," etc. It is believed that the Notice was sent in error because the November 9, 2006 Amendment did *not* amend the drawings. Instead, the drawings submitted with the November 9, 2006 Amendment are *exhibits* to the Second Declaration under 37 C.F.R. § 1.131 filed concurrently with the Amendment. No drawing labels for these exhibits are required. Therefore, it is respectfully requested that the Notice be withdrawn and that both the Amendment and Second Declaration filed on November 9, 2006 be considered.

Dated: December 15, 2006

Respectfully submitted,

By Steve Schwarz
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PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT(\$)
0.00

Complete if Known	
Application Number	10/658,797
Filing Date	September 10, 2003
First Named Inventor	Scott Bysick et al.
Examiner Name	Sue A. Weaver
Art Unit	3781
Attorney Docket No.	29953-184845

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>
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50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

<u>Total Claims</u>	<u>Extra Claims</u>
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Fee (\$)Fee Paid (\$)Multiple Dependent ClaimsFee (\$)Fee Paid (\$)- 20 = _____ x _____ = _____

HP = highest numer of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>
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Fee (\$)Fee Paid (\$)- 3 = _____ x _____ = _____

HP = highest numer of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>
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Number of each additional 50 or fraction thereofFee (\$)Fee Paid (\$)- 100 = _____ /50 _____ (round up to a whole number) x _____ = _____**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)**SUBMITTED BY**

Signature	<u>Steven J. Schwarz</u>	Registration No. (Attorney/Agent)	47,070	Telephone	(202) 344-4295
Name (Print/Type)	Steven J. Schwarz			Date	12/15/2006

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